SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT AYFIELD COUNTY, WISCON BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JUN 14 2022

Bayfield Co. Planning and Zoning Agency

Permit #:	22-0	018	0 (NTERE	
Date:	7-á	19-0	2022	<)
Amount Paid \$180 ATK 7-20-22		180 7-11-		, ,	Blckj
Refund:			•		

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INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zo

DO NOT START CONST	RUCTION	UNTIL AL	L PERMITS HA	AVE BEEN ISSUED T	O APPLIC	CANT.								
TYPE OF PERMIT	REQUES	TED-	X LAN	D USE SA	NITAR	Y PRIVY	☐ CONDITI	IONAL L	JSE SPE	CIAL USE	☐ B.O.	A. 🗆	OTHE	R
Owner's Name:				*	Mailir	ng Address:		City/Sta	ate/Zip:			Telephoi	4 1 1 1 1 1 1 1 1	
Scott H.	WA	RRE	7		241	715 GAY20ET State/Zip:	. 1V >	CAB	SLE, WI	548	21			
Address of Propert	y:		•		City/	State/Zip:	1 LK KD					Cell Pho	ne:	
XXX 6	TRAEN	LK	Rs	-		ABLE, h								-0439
Contractor:	Hot	7	O.G.		Contr	actor Phone: 273-8/27	Plumber:					Plumber	Phone	:
Authorized Agent:	(Person Sig	gning Appli	cation on beha	If of Owner(s))	_	Phone:	Agent Mailir	ng Addre	ss (include City/	State/Zip)	:	Written	Author	rization
Rick	71	ERHO	or.		57	loxie"	44405	- LTA	54821	DR	,	Attached Yes	d	
PROJECT LOCATION	Lega	l Descri	otion: (Use	Tax Statement)	Tax ID	# (4-5 digits)	_ ′		•	Recorded	d Deed (i.e. #	assigned by	y Regist	er of Deeds)
LOCATION			1 0 - 1	1.4	\	24635			T		nt #: <u>2015</u>	R	- <u>561</u>	060
1/4, _		_ 1/4	3,9,		csi	M Vol & Pa		(s) No.	Block(s) No.	Subdivi	sion:			
/	>					Town of:				Lot Size	1	Acrea	ge	
Section/		Township	<u> </u>	N, Range <u>6</u>	_ w	NAI	MAKAGE	ON			840 58		4. 0	>
						am (incl. Intermitten		Structu	re is from Sho	reline :	Is Prop	perty in	Are	Wetlands
✓Shoreland —		1 1 1		of Floodplain?		escontinue	<u> </u>			feet		ain Zone?		resent?
	☑ Is	Property	/Land withi	n 1000 feet of La		d or Flowage escontinue —			re is from Sho	reline : feet		Yes No		□ Yes ☑No
☐ Non-Shoreland														
Value at Time														
of Completion							#			What T	wno of			
* include		Proje	ct	# of Storie		Use	of		Sew		tary Syster	n		Water
donated time &				and/or baser	ment		bedroo	ms			property?			water
material	CKNI			544.01						المعالمة			How.	
, <u>.</u>			ruction	☑ 1-Story		☐ Seasonal	<u> </u>		Municipal/					☐ City
\$ 60000			Alteration	☐ 1-Story +	Loft	Year Roun			(New) Sani				_	☐ Well
		ocate /	xisting bldg)	☐ 2-Story ☐ Basement			_ 🗆 3		Sanitary (Ex					NONE
1			ness on	□ No Basem	_		□ None		Privy (Pit)			1 200 gallo	on)	<u> </u>
		perty	11033 011	☐ Foundation			None		Portable (w		contract)			
			BE"		J.,				None	ollet				
									None					
Existing Structur		rmit beir	ng applied fo	r is relevant to it	:)	Length:	44	V	Vidth: 😽	~	He	eight:		
Proposed Constr	uction:					Length:	24"	V	Vidth: 🤰 🌡	# /	Не	eight:	16	/
Proposed Us	se	1			-	Proposed Struc	ture				Dimension	nc	So	luare
	N - 1 174		Duinainal	C+								15	Fo	otage
						ture on propert	у)			(Х)		
			Residence	e (i.e. cabin, hu	inting s	snack, etc.)				(Х)		
✓ Residential	Use			with Loft with a Porch						(X)		
- Hooldential	030			with (2 nd) Po						(X			
				with a Deck							X			
				with (2 nd) Do						- (X)		
☐ Commercia	Use			with Attach		200	4			1	X)		
			Runkhou				rc or 🗆	in = 0 f	-d c			1		
				ome (manufactu		sleeping quarte	15, <u>or</u> ⊔ cooki	ing & foc	oa prep tacilitie	es) (X)		
						Le)				_ (X)		
☐ Municipal U	lse			Alteration (sp						- (X)		
		N.	Accessory	/ Building (sp	ecify)	GARAGE				(3	34 X 6	(4)	21	76

Accessory Building Addition/Alteration (specify)

Special Use: (explain)

Conditional Use: (explain)

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):	Date
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	
Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany, this application)	Date 6/11/22
Address to send permit 44405 Eag le Point Drive Cake WI 54821	Attach Copy of Tax Statement ed the property send your Recorded Deed

In the box below: Draw or Sketch you	ur Property /roga	ardless of wh	nat vou ar	a applying for				7	
(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):	Proposed Co North (N) on (*) Driveway All Existing S (*) Well (W);	onstruction In Plot Plan In and (*) Fro Structures on In (*) Septic T River; (*) St	ontage Roa n your Pro Fank (ST); ream/Cre	ad (Name Frontage I perty (*) Drain Field (DF); ek; or (*) Pond	Road) (*) Holding Tank (HT) ar	nd/or (*) Privy	(P)	7	
	SEE	ATTA	CHED)					
Please complete (1) – (7) above (pri				CI	nanges in plans must be a	pproved by the	e Plannin	ng & Zon	ing Dept.
Please complete (1) – (7) above (pri (8) Setbacks: (measured	to the closest p		ent	CI	nanges in plans must be a Description	pproved by the		ng & Zon	
(8) Setbacks: (measured Description	to the closest p	point) Measureme	ent		Description		M	easuren	
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Granted by Variance (B.O.A.) Previously Granted by Variance (B.O.A.) □ Yes 🖎 No Yes No No No ☐ Yes Was Parcel Legally Created Were Property Lines Represented by Owner Was Proposed Building Site Delineated Was Property Surveyed ☐ Yes Inspection Record: ATF (RI **Zoning District** Lakes Classification (Date of Inspection: Date of Re-Inspection: Inspected by: MS Condition(s): Town, Committee or Board Conditions Attached? Tes No-(If No they need to be attached.)

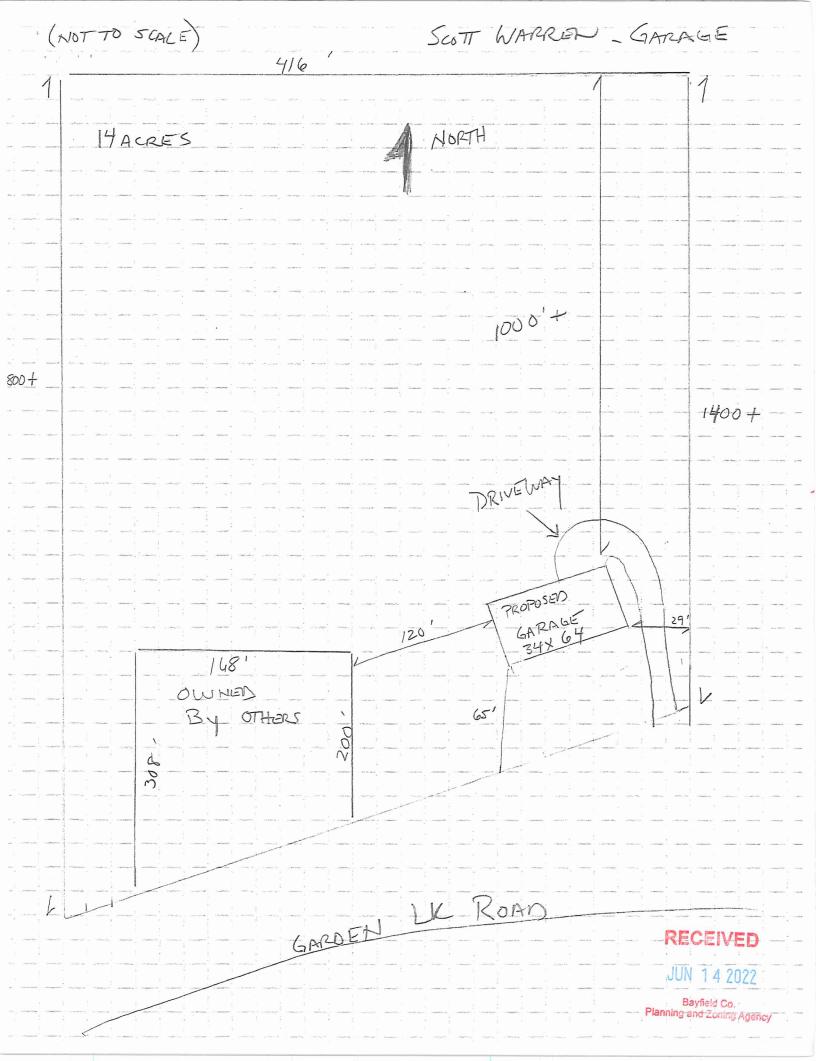
To meet all Setbacks including eaves and overlangs. Not for human habitation. For personal storage only. Town State Dive permits may be required. Date of Approval: 7/21/2022

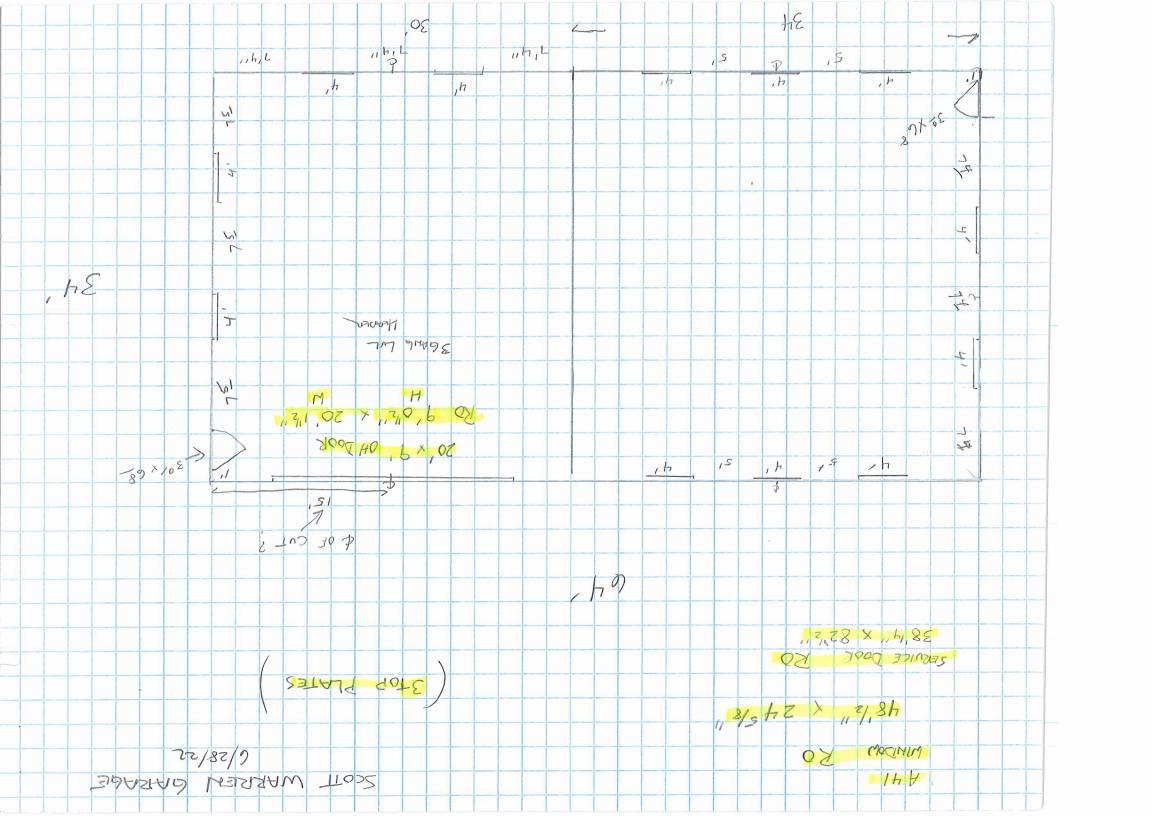
Hold For Affidavit:

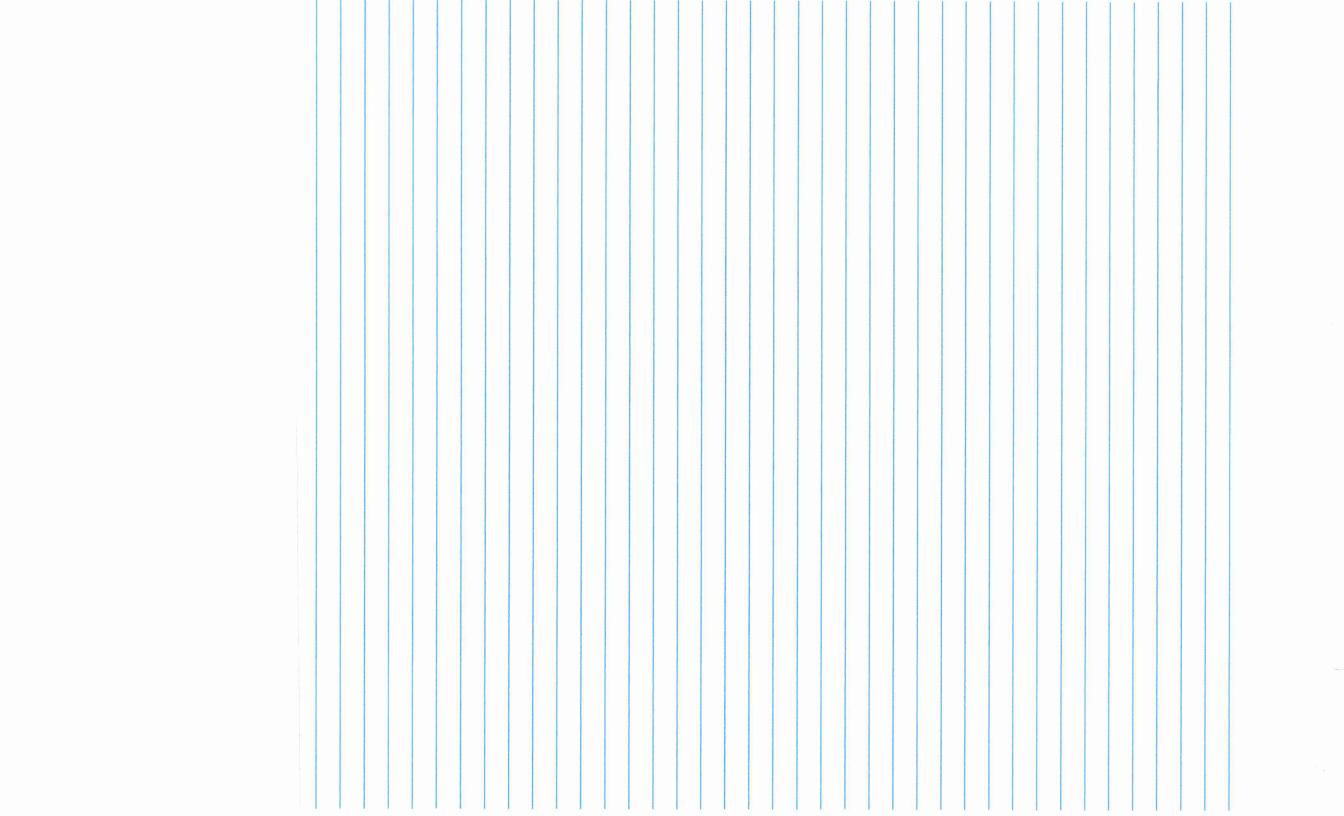
Hold For Fees: ☐

Hold For Sanitary:

Hold For TBA:







Town, City, Village, State or Federal Permits May Also Be Required

(AFTER-THE-FACT)

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	21-0180	Issued	d To: Sc	ott &	Anita Warr	en						
Location:	½ of	1/4	Section	12	Township	43	N.	Range	6	W.	Town of	Namakagon
Par in Gov't Lot	3, 9 & 12 Lot		Blo	ck	Su	bdivisio	on				CSM#	

Residential Structure in R-1 zoning district

For: (ATF) Accessory: [1- Story]; Garage (34' x 64') = 2176 sq. ft.] Height of 16'

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): For personal storage only. Not for Human Habitation or Sleeping Purposes. If Pressurized water enters structure a sanitary permit is required prior. Must meet and maintain setbacks including eaves and overhangs. Town/State/DNR permits may be required.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

or if any prohibitory conditions are violated.

McKenzie Slack, AZA

Authorized Issuing Official

July 29, 2022

Date

APPLICATION FOR RECREATIONAL VEHICLE

Bayfield County Planning and Zoning Department P.O. Box 58 117 East Fifth Street Washburn, WI 54891 Phone - (715) 373-6138

RECEIVED

JUN 16 2022

Bayfield Co.

INSTRUCTIONS: No permits will be issued until all fees are paid and Zoning Agency
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Changes in plans must be approved by the Zoning Department

	ENTE
Office Use:	1
Zoning District/Lakes Class Application No.	<u>/</u>
Date /- 19-3012	
Fee Paid # 75 7-14-2022	HG

Property Owner Jonathan & Cordelia Early	Property Address 23875 Blve Cill Bay Region RV placement.
Mailing Address 8032 Hidden Bay Tr/ N	Cable, N/
Lake Elmo, MN 55042	Agent: Property Dwner
Telephone 612.366.2470	Written Authorization Attached: Yes () No ()
<u>Accurate</u> Legal Description involved in this request:	·
1/4 of1/4 of Section <u>502</u> Township <u>143</u> N.	Range <u>R06</u> W. Town of <u>Nama kagon</u>
Gov't Lot Lot/_ Block Subdivision	csm#_ <i>15/2</i> 6
Volume 1.9 Page 113 of Deeds Parcel I.D. # 0403	34-24-30602-Acreage 4.80
Additional Legal Description: 40/00	ATTACH Copy of Tax Statement
Is your RV in a Shoreland Zone? Yes No If Yes, Distance	from Shoreline: 75' or greater <75' to 40' \(\text{less than 40'} \(\text{less than 40'} \)
RV: New Replacement Year:	1974 Vin #: 131T4 12223
Make of RV: Arstreum Model	of RV: International

FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

APPLICANT - PLEASE COMPLETE REVERSE SIDE

AFFLICANT - FLEASE CONFLETE REVERSE SIDE
For Office Use Only Zoning District/Lakes Class: 12 1
Permit Issued: Sanitary Number <u>aa-aas</u> Date
Issuance Date 7-29-2022 Permit Number 22-0/8/ Permit Denied (Date)
Reason for Denial:
Inspection Record: Oloup, no issues By MS Date of Inspection 7/88/808
Variance (B.O.A.) #
Condition: RV may be placed up to 4 months from issuance date. Must be removed by: Signed Scalar 1/25 3033
Inspector Date of Approval

- 1. Name and use frontage road as a guideline, and indicate North (N) on plot plan
- 2. Show the RV (Recreation Vehicle) location

IMPORTANT Detailed Plot Plan is Neccessary

- 3. Show dimensions in feet on the following:
 - a. RV from centerline of road(s).

 - b. RV from right-of-way line

- d. RV from lake, river, stream or pond
- e. RV from Privy

c. RV from property lines

	Lot Line	
	See Attached Document	
		←
	Name Frontage Road ()	

NOTICE: The local town, village, city, state or federal agencies may also require permits.

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agen	t Coro	lelia C	uly	_			Date_Oc	ene 13	3 2027	ح
Address to send permit	3032	Hidden	Bay	Trl	N	Lake	Elmo	MN	5504	2

RECEIVED

JUN 16 2022

Bayfield Co.
Planning and Zoning Agency

Blue Gill Bay Rd.

160

A.Latline

-150 1000

98° 40 May 80

140,

RV Trailer

lot me

Jonathan ef Cordelia Early, 13875 Bive Gill Bey Rd (...). Lot #1 of CSM #1518

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X
SANITARY - Existing (22-29S)
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. 2	22-0181				Issued To	: Jo	onathan & C	orde	lia E	arly				
ocation	n:	1/4	of	1/2	4 Section	2	Township	43	N.	Range	6	W.	Town of	Namakagon
ov.t Lo	ot : 2020R-	585	Lot 349	1	Block	Sı	ubdivision		С	SM#	151	8 in	V.9 P.11	3
or: F	Recreati	onal	Vehicle	e (R\	/) in Shorel	and	with Impervi	ious	Surfa	ace Calcı	ulatio	ons i	ncluded.	
1ake:	Airstre	am I			ernational er): Any future	expa	Vehicle #: nsions or develo		T4J2 would		1 7 7 7	r: 19 perm		
onditio					or permane up to 4 moi		sidence from issuan	ce da	ate.					
OTE:	•		oires one ye se has not l			nce if t	he authorized co	nstructi	on		Мс	Ken	zie Slack	x, AZA
	Changes	in pla	ns or spec	ificatio	ns shall not be i		without obtaining				Au	thoriz	ed Issuing	Official
					rroneous, or inc		cation information te.	is iour	iu			Ju	ly 29, 20	22
					ked if any perfor conditions are vic		e conditions are r	not					Date	